Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/12/2010</u>	Address:	3252 Cassopolis
Case #:	<u>24F31385</u>		Knights Inn Room 411
County:	<u>Elkhart</u>		Elkhart, In
Operation	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (o Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
☐ Lithium/Ammonia Reaction(s): Spent/Room 411			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Elkhart Fire	Fax: <u>574)</u>	
Health Department: Elkhart Co.		Fax: <u>574) 2</u> Fax:	<u> 493-0180</u> -
Child Prote	ction Service: <u>N/A</u>		-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.